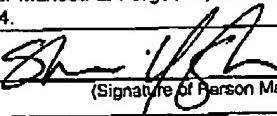


**Certification of Facsimile transmission 37 C.F.R. 1.8(a)**

I hereby certify that this correspondence is being transmitted to Examiner Marissa L Ferguson, Art Unit 2854 of the U.S. Patent and Trademark Office via facsimile number (703) 872-9306 on June 17, 2004.

**Sharon Yarbor ugh**

(Print Name of Person Mailing Application)

  
(Signature of Person Mailing Application)**PATENT****UNITED STATES PATENT AND TRADEMARK OFFICE****IN RE APPLICATION OF: SHIGEO FUJIWARA****APPLICATION No.: 10/695,279****FILED: OCTOBER 28, 2003****FOR: SUPPORT STRUCTURE FOR A BLANKET  
CYLINDER OF AN OFFSET PRINTING  
PRESS****EXAMINER: MARISSA L. FERGUSON****ART UNIT: 2854****CONFIRMATION NO.: 3966****RECEIVED  
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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**REQUEST FOR RECONSIDERATION**

The present communication responds to the Office Action dated March 30, 2004 in the above-identified application. Please enter the following remarks as follows.

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DATE: June 17, 2004COVER SHEET & 5 PAGE(S)**OFFICIAL**CLIENT NUMBER: 59173-8022.US01RETURN TO: (NAME) Sharon T. Yarborough (EXT.) 1779 (ROOM NO.) 800ORIGINAL DOCUMENT(S) WILL BE:  SENT TO YOU  HELD IN OUR FILES

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RE: Serial No. 10/695,279

**The Commissioner is authorized to deduct/credit Deposit Account No. 50-2283 (59173-8022.US01) to complete this procedure. Thank you.**

**Certificate of Faxing**

I hereby certify that this correspondence is being transmitted via facsimile to the United States Patent & Trademark Office at (703) 872-9306.

On June 17, 2004, By: Sharon YarboroughSignature: Sharon Yarborough

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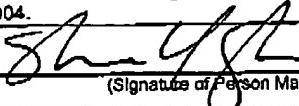
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59173-8022.US01/Amendment

PAGE 1/6 \* RCVD AT 6/17/2004 11:49:28 AM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-1/1 \* DNIS:8729306 \* CSID:2024341690 \* DURATION (mm:ss):02:02

JUN 17 2004

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I hereby certify that this correspondence is being transmitted to Examiner Marissa L. Ferguson, Art Unit 2854 of the U.S. Patent and Trademark Office via facsimile number (703) 872-9308 on June 17, 2004.	
Sharon Yarborough (Print Name of Person Mailing Application)	 (Signature of Person Mailing Application)

PATENT

## UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: SHIGEO FUJIWARA

APPLICATION NO.: 10/695,279

FILED: OCTOBER 28, 2003

FOR: SUPPORT STRUCTURE FOR A BLANKET  
CYLINDER OF AN OFFSET PRINTING  
PRESS

EXAMINER: MARISSA L. FERGUSON

ART UNIT: 2854

CONFIRMATION NO.: 3966

OFFICIAL

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

## TRANSMITTAL

- Transmitted herewith are the following documents for the above-referenced application:  
 Amendment A

## STATUS

- Applicant is other than a small entity.

## EXTENSION OF TIME

- Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

Extension <u>(months)</u>	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> two months	\$ 420.00	\$210.00

- Applicant believes that no extension of time is required. However, this conditional petition is hereby made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.
- If an additional extension of time is required please consider this a petition therefor.

- An extension for \_\_\_ months has already been secured and the fee paid therefor of \$0.00 is deducted from the total fee due for the total months of extension now requested: No Extension fee due with this request

### FEE FOR CLAIMS

- The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY Filing Fee: \$385.00	OR	OTHER THAN A SMALL ENTITY Filing Fee: \$770.00
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra Rate	Addit. Fee	Rate	Addit. Fee
Total 5	Minus	=	x9=	\$	x18= \$0
Indep. 1	Minus	=	x43=	\$	x86= \$0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+145=	\$	x290= \$0
			TOTAL ADDIT. FEE	OR	TOTAL ADDIT. FEE

- No additional fee for claims required.  
 Total additional fee for claims required \$0.00

### FEE PAYMENT

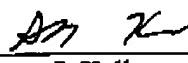
- Attached is check No. \_\_\_\_\_ the sum of \$\_\_\_\_\_ as payment for \_\_\_ ( ) month extension.

### FEE DEFICIENCY

- The Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 50-2283. A duplicate of this authorization is enclosed for that purpose.

Respectfully submitted,

Date: June 17, 2004

  
 Steven S. Kelley  
 Reg. No. 43,449

#### Correspondence Address:

Customer No.: 37815  
 PERKINS COIE LLP  
 P.O. Box 14405, Ben Franklin Station  
 Washington, DC 20044-4405  
 Phone: (202) 434-1630  
 Facsimile: (202) 434-1690  
 E-mail: [sskelley@perkinscoie.com](mailto:sskelley@perkinscoie.com)